



IMMUNIZATION HISTORY / HEALTH ASSESSMENT

Information must be completed by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a public health nurse meeting the state standards for health check services. *Please Print clearly in black ink.*

I. Personal Information

Student's Name _____ DoB _____ Sex _____

Address _____

Parents'/Guardians' Names _____

Ethnicity Caucasian African American Hispanic Asian Other _____

II. Immunization Requirements: Complete for NEW STUDENTS and RISING SEVENTH GRADERS

We must have a complete immunization record from your physician's office. Records should be submitted to the appropriate campus office.

The state of North Carolina Department of Health and Human Services requires that before a child enters school for the first time, they are required to receive the following shots:

- | | |
|--|-------------|
| <input type="checkbox"/> DTaP (diphtheria, tetanus, & acellular pertussis) | 5 doses* |
| <input type="checkbox"/> Polio | 4 doses* |
| <input type="checkbox"/> Hib (haemophilus influenza type B) | 3-4 doses** |
| <input type="checkbox"/> Measles | 2 doses |
| <input type="checkbox"/> Mumps | 2 doses |
| <input type="checkbox"/> Rubella | 1 dose |
| <input type="checkbox"/> Hepatitis B | 3 doses |
| <input type="checkbox"/> Varicella (chicken pox) | 2 doses*** |

* The last dose of DTaP and Polio must be given on/or after age four

** Children beyond their 5th birthday are not required to have any Hib vaccine

*** Vaccination is required unless documentation of disease history is provided by a health care provider

Note: Pneumococcal, Hepatitis A, and Flu vaccines are not required but are recommended for this age group by the Advisory Committee on Immunization Practices.

12 Year Old / 7th Grade Entry Vaccine Requirements:

Children entering 7th grade should be up-to-date with all of the required vaccines listed above. In addition, all children entering 7th grade **or who have reached 12 years of age** on or after July 1, 2015 are required to have one dose of Tdap (tetanus, diphtheria, acellular pertussis) vaccine and one dose of meningococcal vaccine.

Note: Meningococcal, HPV, Hepatitis A, Flu, and a second dose of Varicella vaccine are not required but are recommended for this age group by the Advisory Committee on Immunization Practices.

Exemptions from N.C. State Immunization Law require a statement to be on file in student's permanent record. Exemptions must meet requirements of the law. Please consult your local health department for details.

- Medical Exemption Religious Exemption

Student Name _____
 Last First

Grade _____

III. Health History

Health History Questions	Yes	No	Unsure
Has anyone in the student's family (grandparents, parents, siblings) died suddenly before age 50?			
Has student ever stopped exercise because of dizziness or passed out during exercise?			
Does student have asthma (wheezing), hay fever, or coughing spells after exercise?			
Has student ever broken a bone, had to wear a cast, or had an injury to any joint?			
Does student have a history of concussion (getting knocked out, unconscious)?			
Has student ever suffered heat related illness (heat stroke)?			
Does student have a chronic illness or see a doctor regularly for any particular problem?			
Does student take any medications?			
Is student allergic to any medications, foods, bee stings, etc.?			
Does student have only one of any paired organs (eyes, ears, kidneys, ovaries, testicles, etc.)			
Has student had an injury/illness in the last year that caused five/more consecutive absences?			
Has student had surgery or been hospitalized in the past year?			
Does student have a medical diagnosis that has not been resolved in the past year?			
Will any problem or condition affect athletic/school performance?			

If yes, please explain in detail _____

IV. Health Assessment

Weight _____ lbs

BMI for age is: Normal (5%<85%ile)
 Underweight (≤ 5 &ile)

At-Risk Overweight (85%<95%ile)
 Overweight (≥ 95 %ile)

Height _____ ft _____ in

Blood Pressure _____

Vision	Right	Left	Both
Far	20/	20/	
Near			20/

Hearing	1000	2000	4000
Right			
Left			

Student Name _____ Grade _____
 Last First

IV. *Health Assessment Continued*

	Normal	Abnormalities	Please Check if Child Experiences the following
Eyes			<input type="checkbox"/> Asthma
Ears, Nose, Throat			<input type="checkbox"/> Bleeding Problems
Mouth and Teeth			<input type="checkbox"/> Bowel Problems
Neck			<input type="checkbox"/> Cancer/Leukemia
Cardiovascular			<input type="checkbox"/> Attention/Learning
Chest and Lungs			<input type="checkbox"/> Convulsions/Seizures
Abdomen			<input type="checkbox"/> Cystic Fibrosis
Skin			<input type="checkbox"/> Dental Problems
Genitalia- Hernia (Male)			<input type="checkbox"/> Diabetes
Musculoskeletal ROM, Strength, Etc.			<input type="checkbox"/> Emotional/Behavioral
Neck			<input type="checkbox"/> Ear Infections
Spine			<input type="checkbox"/> Heart Problems
Shoulders			<input type="checkbox"/> Meningitis
Arms/Hands			<input type="checkbox"/> Sickle Cell Anemia
Hips			<input type="checkbox"/> Vision Problems
Thighs			<input type="checkbox"/> Skin Problems
Knees			<input type="checkbox"/> Speech Problems
Ankles			<input type="checkbox"/> Stomach Aches
Feet			<input type="checkbox"/> Urinary/Bladder
Neuromuscular			<input type="checkbox"/> Other _____

Physical limitations/Athletic restrictions: _____

Physician's Name _____
 Street Address _____
 City, State, Zip _____
 Telephone Number _____

I certify that I have examined this student and found him/her medically qualified to participate in sports.

Physician's Signature _____ Date _____